

**Discussion.**

Dr. Hobdy: In the matter of peritoneal toilet I am firmly convinced of the efficacy of the wet method, not only washing out thoroughly, but after making the peritoneal toilet as thoroughly as possible, leaving in a certain amount of fluid in the peritoneal cavity. The cases which I have seen under this treatment, have shown better results than when an attempt has been made to clean a soiled peritoneum by the dry method.

Dr. Barbat: One thing which has attracted my attention in injuries to the head is the disproportion between the symptoms and the amount of injury to the brain. I have seen several of these cases recently. In the case of a patient who had been hit by a street car, there were seven consultants, none of whom would venture an opinion as to the locality or extent of the brain lesion, but we decided to explore and find out. An opening was made over the site of injury and a linear fracture of the skull found extending from a little above the top of the ear to the base of the skull. On opening the skull the whole temporosphenoidal lobe was found to be pulvified, due to the rupture of a branch of the middle cerebral artery. Several hours before operation this man was able to get up on his elbow and ask for the urinal, and was apparently perfectly rational. I have noticed in several cases that individuals have been able to converse rationally with large amounts of brain tissue destroyed. We have a great deal to learn before we will be able to diagnose correctly whether a patient has an extradural or subdural hemorrhage, or is suffering from a destruction of brain tissue due to intracerebral hemorrhage.

Dr. Somers: I was very glad to hear this paper by Dr. Terry on the subject of fractures of the skull and other cases that come under the observation of an emergency surgeon. Of the various groups of cases that come under observation in emergency work it appears to me that these cases of fracture of the skull are the most interesting. A man that is dealing with this class of cases is constantly bumping up against the question as to whether a man is merely drunk or dying from some more serious condition. I notice that Dr. Terry spoke with some little feeling about the difficulties of diagnosis in this class of cases. Where emergency work is not well organized, cases of this sort are constantly slipping through the fingers of the emergency surgeon to the great joy of the newspapers. I have not noticed anything recently in regard to "drunk or dying" cases, but a few years ago a great many such seemed to come before our notice. Often the only way that we can make a diagnosis is to keep the cases under observation for a number of hours, or even days, perhaps, and the only way that the service can prevent the slipping through of these is to realize and insist upon the fact that a man who is drunk is suffering from a poison; that he is poisoned and as such is properly in the hands of the medical profession and should not be turned over to the police until he is sober. As regards the procedure where diagnosis of fracture of the skull is made, I believe that as soon as that diagnosis is made an operation should be performed,—the skull should be trephined. The necessity of trephining is well illustrated by a case which I remember of a small boy who fell down the second story of a building and whom I saw a few hours after he fell. He had regained consciousness but for several days did not attain complete mental equilibrium. After careful study it seemed to me that he was suffering from a fractured skull. This case fell into my hands after I had had my experience in emergency work and following the routine of my experience, I advised operation. A linear fracture across the parietal bone was found without any depression or separation. However, there seemed to be considerable oozing from that line and upon trephining, I found very distinctly, a

portion of the dura mater caught up between the two fragments of bone. In other words, when the child fell, the bone was fractured, the parts separated, the dura mater came between and was caught there. By a simple opening the dura mater was liberated and the child recovered. These two points in reference to skull cases, I would emphasize, viz.—where alcoholism is a complicating symptom, that case must be kept under observation whether the lesions are found or not, and secondly, the necessity of trephining wherever a case of fracture is diagnosed, for there is always the danger of pinching the dura mater even in a linear fracture.

**UROPHERIN-S.**

Uropherin-S,  $\text{LiC}_7\text{H}_7\text{N}_2\text{O}_2 + \text{LiC}_7\text{H}_5\text{O}_8$ , is a double salt of theobromine-lithium and lithium salicylate.

**Actions and Uses.**—The properties, actions, uses and dosage of this compound are practically the same as those of "theobromine-lithium benzoate" (see Uropherin-B). Manufactured by E. Merck, Darmstadt (Merck & Co., New York).

**UROTROPINE.**

A name applied to Hexamethylenamina, U. S. P.

**UROTROPINE—NEW.**

A name applied to Hexamethylenamine Methylenecitrate (which see). Manufactured by Chemische Fabrik auf Actien, vorm. E. Schering, Berlin (Schering & Glatz, New York).

**VALYL.**

Valyl,  $\text{C}_4\text{H}_9\text{CO.N}(\text{C}_2\text{H}_5)_2 = \text{C}_9\text{H}_{19}\text{ON}$ , is a compound of valeric acid and diethylamine.

**Actions and Uses.**—Valyl acts as a sedative, antispasmodic and nervine, similar to valerian. Dosage.—Owing to the liability of valyl to oxidize when exposed to the air, it is supplied only in the form of gelatin capsules, each containing 0.125 Gm. (2 grains), the dose being 2 or 3 capsules, administered during or immediately after meals, or otherwise with a little milk. Manufactured by Farbwerke, vorm. Meister, Lucius & Bruening, Hoechst a. M. (Victor Koechl & Co., New York).

**HOME NURSING COURSE FOR WOMEN.**

The nurses' auxiliary of the California branch of the American Red Cross has undertaken an exceedingly valuable work. A series of lectures have been arranged for housewives and women generally, intended to give the woman at home an idea as to the care of members of the family when taken sick, without in any way infringing upon the territory of the trained nurse. Miss Frances S. Hirschey, 449 Cole St., San Francisco, is the Secretary, and full information can be had from her upon application.

**PHYSICIANS' MUTUAL AID ASSOCIATION.**

This exceedingly valuable organization was started in California some few years ago, and has not met with the support which it really should. It provides assistance to physicians who are members in case of need and, on the assessment plan, pays a small death benefit. It is inexpensive to keep up, and it should receive a more hearty support from our members.

Write to Dr. J. E. Janes, Secretary, Pasadena, Cal., and find out about it.

**UNIVERSITY COURSE IN HYGIENE.**

The State University has established this year a course in hygiene at the Summer Session from June 21st to July 31st. The work is in charge of Dr. Ernest B. Hoag, Medical Director of the Pasadena City schools, and Margaret Henderson, assistant in bacteriology. There are courses on school hygiene, medical inspection in schools, elements in bacteriology and bacteriological diagnosis. The last two are from 9:00 to 12:00 in the morning, Monday, Tuesday, Wednesday, Thursday and Friday. The first is on the same days at 2:00 in the afternoon, and the second at 3:00 in the afternoon. These courses should be very attractive.